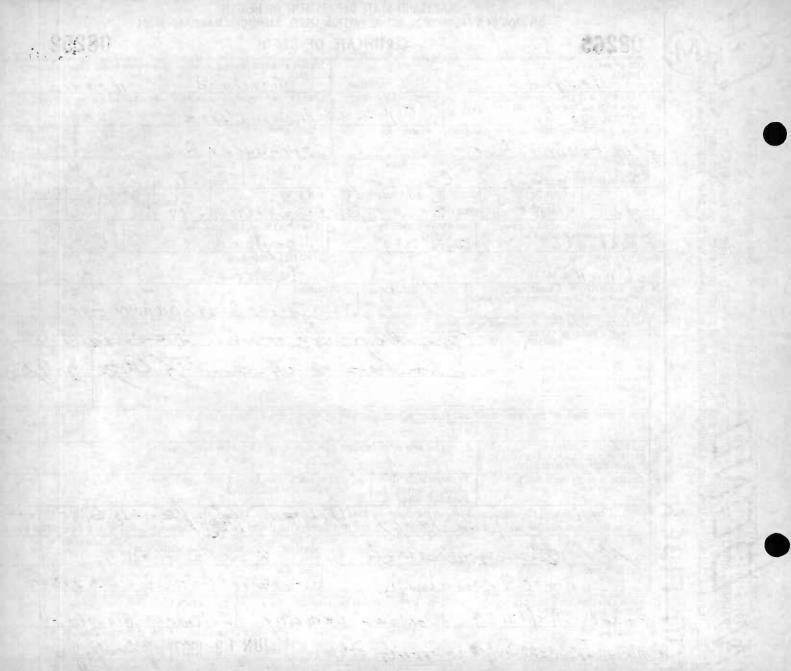
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OF A STANDARD STANDED TO THE TO THE STANDED THE STANDED WAY JUNE BROLLORE SIFTER AFOLLANDING MARZ41188+ 82 J. 24.84.20 5-00-01-43174 MARIE GORT BBLLORE nether the bound on a ardel Vendan accident 7140 6.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08265 08252 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death funeral s 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY ely filled in by the fune ban papers. Pages 1 a within 72 haurs after d oward MARYLAND oward b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rwood Yark ar wood d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled 2019Loudon YES NO P carban NAME OF Middle Lost DATE Month Dov Year DECEASED (Type ar print) 67 056 OPEN DEATH 19 S. SEX COLOR OR RACE IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR regrove lost birthdoy) Months Haurs Dovs WIDOWED DIVORCED male pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT and in during mast af warking life, even if retired) INDUSTRY COUNTRY? Maryland maintance 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar removal, attending phys KNOWN KNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes, no. grunknown) (If yes give wor or dotes of service Cooper 2019L No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH signed by the burial-transit p IMMEDIATE CAUSE (a) DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse has been the directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta PHYSICIAN: The law last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO certificate YES [the haspital or 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port | ar Port || af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (County) (Stote) Hour o.m. Not While factory, street, affice bldg., etc.) ot work ot work O FUNERAL DIRECTOR: After TO HOSPITAL OR ATTENDING Page 4 may be retained by 21. I certify that (1) (this hospital) attended the deceased from 141967, that (1) (we) last to and that death accurred at 622M from couses and on the date stated above sow the deceased alive on, 22o. SIGNATURE 22b. DATE SIGNED MD DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 5609 Mains St. Elkvide e Md 21227 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION DATE THEREOF (County) (Stote) REMOVAL (Specify) Cemetery Baltimore Mary 24. FUNERAL DIRECTOR 28a. REC'D BY REGISTRAR 2Sb. RÉGISTRAR'S SIGNATURE Ochanles Jude 1967



and 2

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET RAITIMORE MARYLAND 21201

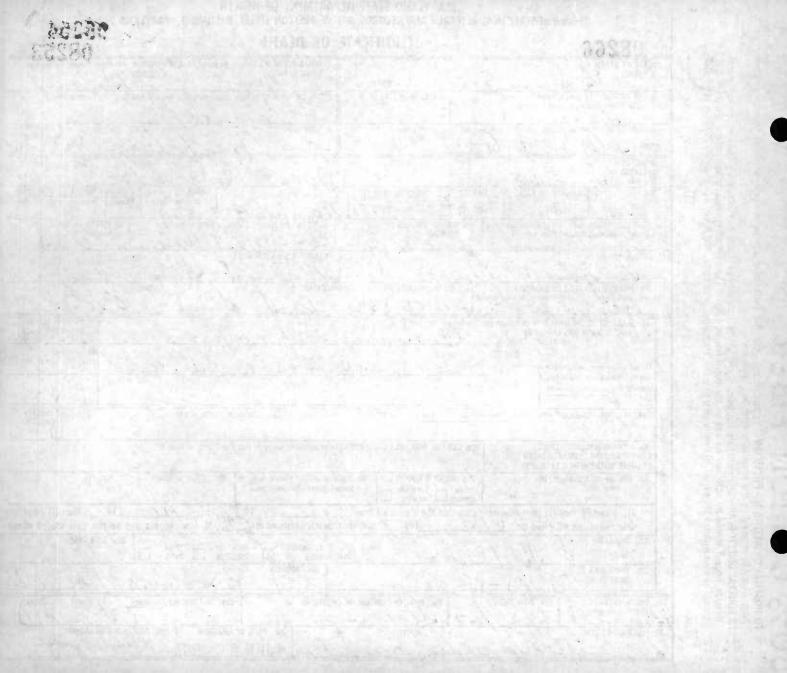
| 3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SOR UNDOWED DIVORCED DIVORCED DIVORCED OF DEATH OF DECEASED (In years lost birthdoy) Months Doys 100. USUAL OCCUPATION (Give kind of work done during most of working the, even if retired) 13. FATHER S NAME 15. WAS DECEASED FOR IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. GAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 1 MMEDIATE CAUSE (a) DUE TO 100. USUAL OCCUPATION (Give kind of work done during most of working the, even if retired) 101. BIRTHPLACE (County & Stote, or foreign country) 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF COUNTRY? 13. FATHER S NAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED FOR IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. GAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 18. MANDED AT CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) DUE TO | |
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| D. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPILAE OR INSTITUTION (If not in pospitol, give street oddress) d. NAME OF HOSPILAE OR INSTITUTION (If not in pospitol, give street oddress) d. STREET ADDRESS 3. NAME OF First Middle Lost 4. DATE Month Day OF DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 SEVER MARRI | 3253 |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in inspital, give street oddress) d. STREET ADDRESS 3. NAME OF DECEASED (Type or print) S. SEX 6. CÓLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED 100. USUAL OCCUPATION (Give kind of work done during most of working the, even if retired) 13. FATHER RINAME 14. DATE Month DOY DEATH PART I. DEATH (Lineter only one couse per line for (s), (b), and (c).) PART I. DEATH (Enter only one couse per line for (s), (b), and (c).) DUE TO DUE TO DIVORCED 14. DATE Month DOY DEATH PART I. DEATH (Enter only one couse per line for (s), (b), and (c).) DUE TO DUE TO DUE TO DIVORCED 15. STREET ADDRESS A. STREET ADDRESS A. DATE ADDRESS A. DATE OF BIRTH PART I. DEATH (Enter only one couse per line for (s), (b), and (c).) DUE TO DUE TO DIVORCED 15. STREET ADDRESS A. DATE ADDRESS A. DATE ADDRESS ADD | e odmission) |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in pospitol, give street oddress) 3. NAME OF DEATH (I'ype or print) 5. SEX 6. COLOR OR RACE 7. MARRIED DIVORCED DIVORCED DIVORCED DIVORCED 100. USUAL OCCUPATION (Give kind of work done during most of working the, even if retired) 13. FATHER 9 NAME 15. WAS DECEASED POR INU.S. ARMED FORCES? (Yes, no, or unknown) (I'll yes give wor or dotes of service) 18. VAS DECEASED POR INU.S. ARMED FORCES? (Yes, no, or unknown) (I'll yes give wor or dotes of service) 18. VAS DECEASED POR INU.S. ARMED FORCES? (Yes, no, or unknown) (I'll yes give wor or dotes of service) 18. VAS DECEASED POR INU.S. ARMED FORCES? (Yes, no, or unknown) (I'll yes give wor or dotes of service) 18. VAS DECEASED POR INU.S. ARMED FORCES? (Yes, no, or unknown) (I'll yes give wor or dotes of service) DIVORCED 10. KIND OF BUSINESS OR INFORMANT Address Address 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED POR INU.S. ARMED FORCES? (Yes, no, or unknown) (I'll yes give wor or dotes of service) 18. VAS DECEASED POR INU.S. ARMED FORCES? (Yes, no, or unknown) (I'll yes give wor or dotes of service) DIVORCED 10. KIND OF BUSINESS OR INFORMANT Address Address 14. MOTHER'S MAIDEN NAME 15. INFORMANT Address Address INFORMANT ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS INFORMANT ADDRESS ADDRESS ADDRESS INFORMANT ADDRESS ADDRESS ADDRESS INFORMANT ADDRESS INFORMANT ADDRESS ADDRESS INFORMANT ADDRESS ADDRESS INFORMANT ADDRESS IN | st tawn) |
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| DECEASED [Type or print] S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NOUNTER 19 AGE (In yeors lost birthdoy) Nonths Nont | YES NO |
| Iost birthdoy) Months Doys | 1967 |
| 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100. KIND OF BUSINESS OR INCUSTRY 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 100. KIND OF BUSINESS OR INCUSTRY 100. KIND OF BUSINESS OR INCUSTOR OF OCCUPATION | Hours Min. |
| 13. FATHER SYNAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED FOR IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dofes of service) 213-05-8322 Curch Care 18. JAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO 14. MOTHER'S MAIDEN NAME MAGNET FATHER'S NAME 14. MOTHER'S MAIDEN NAME MACHANIE FOR MAIDEN NAME MACHANIE FOR MAIDEN NAME 14. MOTHER'S MAIDEN NAME MACHANIE FOR MAIDEN NAME MACHANIE FOR MAIDEN NAME 15. WAS DECEASED FOR RINUS. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT) Address Address DIMMEDIATE CAUSE DIE TO DIE TO 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address DIE TO DIE TO DIE TO DIE TO The Machanie Forces Address Address DIE TO DIE TO DIE TO DIE TO The Machanie Forces Address Address Address DIE TO DIE TO DIE TO DIE TO The Machanie Forces Address Address Address DIE TO | |
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| 18 VAUSE OF DEATH (Enter only one couse per line for (s), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO ACCUMANTAL AC | 2 |
| (PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO OFONORY Thrombosis ON ON ON ON ON ON ON ON ON O | no |
| | ERVAL BETWEEN |
| (conditions, if ony, which gove rise to immediate couse (a), (b) Coronary A Theroscile rosis 1 | yr- |
| stoting the underlying couse DUE TO Diabetes Mellirus 1 | 14% |
| | WAS AUTOPSY PERFORMED? ES NO |
| 20o. ACCIDENT WAS UNDERLYING 20o. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20o. ACCIDENT WAS UNDERLYING 20o. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING 20o. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20o. ACCIDENT WAS UNDERLYING 20o. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) (Country) | |
| 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 While of work of work 19 of work 19 Not While Of | (Stote) |
| 21. I certify that (I) (this hospital attended the deceased from 6 , 19 , ta 6 , 19 67, the saw the deceased olive on 6 / 19 7, and that death accurred of M, from causes and on the date | nat (I) (we) last te stated abave. |
| 220. SIGNATURE ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR | NED |
| 22c. PHYSICIAN'S NAME (Type) J. M. Warren 22d. ADDRESS 32/ PRINCE GOOST/A | URE 2 |
| 230. BURIAL (REMATION, 23b. DATE THEREOF) 23c. NAME OF CEMETERY OR CREMATORY Company (County) 12 Semoval (Specify) 6/23/67 St. March Cem | (Stote) |
| 24. FUMERAL DIRECTOR ADDRESS SIGNATURE Solvent Strain Solvent Strain Solvent Strain Solvent Solvent Strain Solvent Strain Solvent Strain Solvent Strain Strain Solvent Strain Solvent Strain St | RE udge |

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaying arbon papers. Pages 1 and should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any eveny within 72 haurs after dear



| | | | T | DIVISION | PE VIJAL-RI | ECORDS, 301. | W. PRESTO | N-SIREET BALTIM | ORE, MARYLAND | 21201 | |
|---|---|-----------------|---|--|-------------------------------|----------------------------------|--|--|---------------------------|-----------------------------|------------------------------------|
| FOR ST | ATE | | 98267 | Item #7 | MACDI | ICAL EXAM | INER'S | CERTIFICATE (| OF DEATH | ا آه م ا این مو | 08254 |
| HEALTH I | DEPIV | | PLACE OF DEATH a. COUNTY Howaard MARYLAND | | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. STATE b. COUNTY Maryland | | | |
| iny delay is 2, and 3 to PM3. Page | State Department | | b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) | | | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Cooksville | | | | |
| | epar | | I. NAME OF HOSPITAL OR | INSTITUTION (If na | t in haspital, g | ive street address) | | d. STREET ADDRESS | re | | e IS RESIDENCE ON A FARM? |
| es 1, farm | 00 6 | | DOA HIGINBOTHOM FUNERAL HOME | | | | | | | ON A FARM? YES NO | |
| haurs after death. If a liter, 18. Other Pages 1, Office along with farm | the Sta | | NAME OF DECEASED Type ar print) | First PAUL | st | Middle | Latham | Last LAYTHROM | 4. DATE OF DEATH | Month June | Day Year 23, 19 67 |
| haurs after Item 18. One Office along | ‡ | S. | | DLOR OR RACE | 7. MARRIED | | | B. DATE OF BIRTH | 9. AGE (In last birt | years IF UND hday) Manth | ER I YEAR IF UNDER 24 HRS. |
| urs ceep | 五台 | | THE TOTAL | gro | WIDOWED | | RCED | March 24 | 1924 43 | yrs. | |
| 24 hau in Item r's Offi | fter de | 1Da duri | USUAL OCCUPATION (Give ng mast af warking life, ey LABOREI | kind af wark dane en if retired) R | | ND OF BUSINESS O DUSTRY | R | 11. BIRTHPLACE (State | 0 17 | 12. | COUNTRY? A. |
| hin ncil | page Jrs a | 13. | FATHER'S NAME | | | | | 14. MOTHER'S MAIDEN | | | |
| wit xan | File | 10 | | LAYTHROP | | | 0 17 | | GAINES | A.11 | |
| ecuted ing" ir edical 1 | ermit. thin 72 | (Ye | WAS DECEASED EVER IN U. s, na, or unknawn) (If yes | give war ar dates at | service) 21 | SOCIAL SECURITY N | | NFORMANT Latha | | Address M #2 | |
| INER: This certificate should be executed within 24 haurs after death. e certificate, writing the ward "pending" in pencil in Item-18. Give Page should be farwarded to the Chief Medical Examiner's Office along with files. | as a burial-transit permit. File pages land to and in any event within 72 hours after death | | 18. CAUSE OF DEATH (I PART I. DEATH WAS Canditions, if any, which rise to immediate caus stating the underlying last. | S CAUSED BY: IMMEDIATE CAUSE (DUE 1 1 gave) (couse) DUE | (a) Mul (b) | (a), (b), and (c).) ltiple I | njurie | S | | | INTERVAL BETWEEN ONSET AND DEATH |
| is cert te, wri farwa | e used maval, | | | | | | | | | | 19. WAS AUTOPSY PERFORMED? YES NO |
| ER: The errification be avoid be | 3 shauld be used tian, or remaval, | L CERTIFICATION | 20a. EXTERNAL CAUSE W. PRIMARY ☐ or CONTRIBU CAUSE OF DEATH. | AS TING [| S | truck by | | Enter nature of injury in | Part I ar Part II af iten | n 18.) | |
| CAL EXAMINER: This execute the certificate, or. Page 4 shauld be factory our files. | age 3 st ematiar | MEDICAL | 20c. TIME OF INJURY M. Haur XXX 10 p.m. 6 | | 7 2Dd. IN White at wark | JURY OCCURRED Nat While at wark | Sact. | E OF INJURY (Hame, far ary, street, affice bldg., etc street | m, 20f. (Citγ ar) | | (County) (State) Ward, Maryland |
| TO DEPUTY MEDICAL EXAN necessary, please execute the funeral director. Page 5 may be retained for you | FUNERAL DIRECTOR: Page 3 should be used gealth prior to burial, cremation, or remaval, | | 21. I certify that death resulted from ACTUAL SIGNATURE | t I toak charge | of the rem | nains described , Accident | l obove, he | DEPUTY MEDIC | e, Undeterm | 6/24 | 22. DATE SIGNED |
| TO DE neces the f | To Fu | 230 | BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE THE | | 23c. NAME OF C | | | 23d. LOCATION (C | | (Caunty) (State) |
| VR A15 6M 1 | | 24 | FUNERAL DIRECTOR | And | 1 | ADDRESS CKVILLE, | | | 22 9 1967 | 25h CREGISTRAD | SSIGNATURE |

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08268 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Howard o. COUNTY o. STATE J-0 tate Department of haurs after death. HOWARD County Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) near Ellicott City Md Ellicott City 5 years d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office along with farm in Item 18. Give Pages 1, Shaffer's Convalescent Retreat 16 Montgomery Rd YES NO havrs after death. 3. NAME OF First 4. DATE Manth Year DECEASED June 21 67 with the (Type or print) DEATH MARGARET TAYTOR AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX NEVER MARRIED 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH last birthday) Months Hours 2-14-1883 white female WIDOWED DIVORCED and 2/ 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY pages I e, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner's manax Retired schools Baltimore, Md. 13. FATHER'S NAME Teacher 14. MOTHER'S MAIDEN NAME This certificate should be executed within Media XXXIIIXXXX George W. Taylor **XXXXXXX** Isabel Sisco pup 16. SOCIAL SECURITY NO. 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? ar remaval, (Yes, na, ar unknown) (If yes give war ar dates of service) 222-48-4331-1 Shaffer Convales. Retreat Ellicott City M d 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY 48 Hours Bronchopneumonia IMMEDIATE CAUSE (o) writing the ward burial, crematian, Arteriosclerotic Cardiovascular Disease Conditions, if ony, which gave 5 years. rise to immediate cause (a). DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) please execute the certificate, YES NO L. DIRECTOR: Page 3 should be its designated agent, priar to 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING TAL EXAMINER: CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year foctory, street, office bldg., etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page at work at wark 21. I certify that I taak charge of the remains described above, held an Autapsy Inquiry , Inspection . ond in my apinian the funeral directar. death resulted fram: Natural causes Accident Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE . 6-23-67 TO DEPUTY DEPUTY MEDICAL EXAMINER George e. Burgtorf. M.D. Address (Street, city, town, or county) Ellicott Chi Health o NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify) Druid Ridge Cemetery 6-24-67 Pikesville, Maryland mirial 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Mitchell-Wiedefeld Home VR A15ME DATOUN 26

MARYLAND STATE DEPARTMENT OF HEALTH

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